PROVIDENCE
FACIAL PLASTIC & COSMETIC SURGERY
DR. MARK GINSBURG

PATIENT MEDICAL HISTORY FORM

PATIENT NAME: _____ AGE: _____ DOB _____ TODAY'S DATE: _____

THE FOLLOWING INFORMATION IS VERY IMPORTANT TO YOUR HEALTH.
PLEASE TAKE THE TIME TO FULLY AND ACCURATELY COMPLETE THIS FORM. THANK YOU

WHAT IS THE REASON FOR YOUR VISIT?

PAST MEDICAL HISTORY *INDICATE IF YOU HAVE ANY OF THE FOLLOWING CONDITIONS.*

- ☐ ANESTHESIA PROBLEMS
- ☐ ANXIETY
- ☐ ARTHRITIS
- ☐ ASTHMA
- ☐ BLOOD TRANSFUSION
- ☐ CANCER
- ☐ DEPRESSION
- ☐ DIABETES
- ☐ EMPHYSEMA
- ☐ EXPOSURE TO TB
- ☐ GLAUCOMA/EYE PROBLEMS
- ☐ HAZARD. CHEM. EXPOSURE
- ☐ HEALING PROBLEMS (KELOIDS
- ☐ HEART ATTACK
- ☐ HEARTBURN OR REFLUX
- ☐ HEPATITIS
- ☐ HIGH BLOOD PRESSURE
- ☐ HIGH CHOLESTEROL
- ☐ HIV OR AIDS
- ☐ KIDNEY PROBLEMS
- ☐ NEUROLOGIC DISORDERS
- ☐ NOISE EXPOSURE
- ☐ PREMATURITY OR BIRTH PROBLEMS
- ☐ PREVIOUS HEAD OR NECK IRRADIATION
- ☐ PREVIOUS TRAUMA
- ☐ PSYCHIATRIC CONDITION
- ☐ SEIZURE/ EPILEPSY
- ☐ STOMACH PROBLEMS
- ☐ STROKE OR TIA
- ☐ THYROID PROBLEMS

PAST SURGICAL HISTORY

- ☐ TONSILLECTOMY/ADENOIDECTOMY
- ☐ EAR TUBES OR SURGERY
- ☐ SINUS OR NASAL SURGERY
- ☐ OTHER HEAD AND NECK SURGERY

EXPLAIN ANY OF THE CONDITIONS YOU HAVE CHECKED ABOVE IN THE SPACE BELOW. PLEASE LIST ANY OTHER SURGERIES, CONDITIONS, INJURIES, OR HOSPITALIZATIONS YOU MAY HAVE THAT ARE NOT LISTED ABOVE,

ARE YOU ALLERGIC TO ANY MEDICATIONS? ☐ YES ☐ NO
IF YES, LIST THE MEDICATIONS TO WHICH YOU ARE ALLERGIC AND YOUR REACTION.

MEDICATIONS *LIST THE MEDICATIONS AND DOSAGES YOU TAKE. PLEASE INCLUDE BLOOD THINNERS, VITAMINS, OTC MEDICATIONS, BIRTH CONTROL, HERBAL PREPARATIONS AND NASAL SPRAYS*

PHYSICIANS *PLEASE LIST YOUR PRIMARY PHYSICIAN AND ALL OTHER PHYSICIANS TREATING YOU*

FEMALE PATIENTS ANY CHANCE YOU ARE PREGNANT? ☐ YES ☐ NO NURSING? ☐ YES ☐ NO
IF PATIENT IS A CHILD ARE IMMUNIZATIONS UP TO DATE? ☐ YES ☐ NO

FAMILY MEDICAL HISTORY *INDICATE IF ANY FAMILY MEMBERS HAVE ANY OF THE FOLLOWING CONDITIONS*

- ☐ ALLERGY
- ☐ CANCER
- ☐ HEARING LOSS
- ☐ THYROID DISEASE
- ☐ BLEEDING PROBLEMS
- ☐ ANESTHESIA PROBLEMS

LIST ANY OTHER MAJOR FAMILY ILLNESSES BELOW.